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43 44 First Regular Session - 2025

## IN THE SENATE

### SENATE BILL NO. 1015

### BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO HOSPITALS AND HOME HEALTH AGENCIES; REPEALING SECTIONS 39-1301, 39-1301A, 39-1301B, 39-1302, 39-1303, 39-1303a, 39-1303b, 39-1303c, 39-1304, 39-1305, 39-1306, 39-1307, 39-1307A, 39-1307B, 39-1308, 39-1312, 39-1313, AND 39-1314, IDAHO CODE, RELATING TO HOSPITAL LI-CENSES AND INSPECTION; AMENDING THE HEADING FOR CHAPTER 13, TITLE 39, IDAHO CODE; AMENDING CHAPTER 13, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-1301, IDAHO CODE, TO DEFINE TERMS; AMENDING CHAPTER 13, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-1302, IDAHO CODE, TO PROVIDE A SHORT TITLE; AMENDING CHAPTER 13, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-1303, IDAHO CODE, TO ESTABLISH PROVISIONS REGARDING LICENSURE; AMENDING CHAPTER 13, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-1304, IDAHO CODE, TO PROVIDE FOR THE DENIAL OR REVOCATION OF A LICENSE; AMENDING SECTION 39-1309, IDAHO CODE, TO REVISE PROVISIONS REGARDING INSPECTIONS AND TO REDES-IGNATE THE SECTION; AMENDING SECTION 39-1310, IDAHO CODE, TO REVISE PROVISIONS REGARDING INFORMATION RECEIVED BY THE DEPARTMENT AND TO RE-DESIGNATE THE SECTION; AMENDING CHAPTER 13, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-1307, IDAHO CODE, TO PROVIDE FOR A PENALTY FOR OPERATING A FACILITY WITHOUT A LICENSE; AMENDING CHAPTER 13, TITLE 39, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 39-1308, IDAHO CODE, TO PROVIDE FOR AN INJUNCTION TO PREVENT OPERATION WITHOUT A LICENSE; AMENDING SECTION 39-1301C, IDAHO CODE, TO REDESIGNATE THE SECTION; REPEALING CHAPTER 24, TITLE 39, IDAHO CODE, RELATING TO HOME HEALTH AGENCIES; AMENDING SECTION 39-1392a, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-3301, IDAHO CODE, TO PROVIDE A COR-RECT CODE REFERENCE; AMENDING SECTION 39-3322, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-3501, IDAHO CODE, TO PRO-VIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-3505, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 39-5302, IDAHO CODE, TO REVISE A DEFINITION; AMENDING SECTION 54-3215, IDAHO CODE, TO PRO-VIDE A CORRECT CODE REFERENCE; AMENDING SECTION 56-101, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 56-1402, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 56-1602, IDAHO CODE, TO REVISE A DEFINITION; AMENDING SECTION 56-1703, IDAHO CODE, TO REVISE A DEFINITION; AMENDING SECTION 63-701, IDAHO CODE, TO REVISE A DEFINITION; PROVIDING THAT CERTAIN ADMINISTRATIVE RULES CONTAINED IN IDAPA 16.03.02 SHALL BE NULL, VOID, AND OF NO FORCE AND EFFECT; PROVID-ING THAT CERTAIN ADMINISTRATIVE RULES CONTAINED IN IDAPA 16.03.07 SHALL BE NULL, VOID, AND OF NO FORCE AND EFFECT; PROVIDING THAT CERTAIN ADMIN-ISTRATIVE RULES CONTAINED IN IDAPA 16.03.11 SHALL BE NULL, VOID, AND OF NO FORCE AND EFFECT; PROVIDING THAT CERTAIN ADMINISTRATIVE RULES CON-TAINED IN IDAPA 16.03.14 SHALL BE NULL, VOID, AND OF NO FORCE AND EFFECT; AND DECLARING AN EMERGENCY AND PROVIDING AN EFFECTIVE DATE.

- Be It Enacted by the Legislature of the State of Idaho:
- SECTION 1. That Section 39-1301, Idaho Code, be, and the same is hereby repealed.
- SECTION 2. That Section 39-1301A, Idaho Code, be, and the same is hereby repealed.
- SECTION 3. That Section 39-1301B, Idaho Code, be, and the same is hereby repealed.
- SECTION 4. That Section 39-1302, Idaho Code, be, and the same is hereby repealed.
- SECTION 5. That Section 39-1303, Idaho Code, be, and the same is hereby repealed.
- SECTION 6. That Section 39-1303a, Idaho Code, be, and the same is hereby repealed.
- SECTION 7. That Section 39-1303b, Idaho Code, be, and the same is hereby repealed.
- SECTION 8. That Section 39-1303c, Idaho Code, be, and the same is hereby repealed.
- SECTION 9. That Section 39-1304, Idaho Code, be, and the same is hereby repealed.
- SECTION 10. That Section 39-1305, Idaho Code, be, and the same is hereby repealed.
- SECTION 11. That Section 39-1306, Idaho Code, be, and the same is hereby repealed.
- SECTION 12. That Section 39-1307, Idaho Code, be, and the same is hereby repealed.
- SECTION 13. That Section 39-1307A, Idaho Code, be, and the same is hereby repealed.
- SECTION 14. That Section 39-1307B, Idaho Code, be, and the same is hereby repealed.
- SECTION 15. That Section 39-1308, Idaho Code, be, and the same is hereby repealed.
- SECTION 16. That Section 39-1312, Idaho Code, be, and the same is hereby repealed.
- SECTION 17. That Section 39-1313, Idaho Code, be, and the same is hereby repealed.

SECTION 18. That Section 39-1314, Idaho Code, be, and the same is hereby repealed.

SECTION 19. That the Heading for Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended to read as follows:

### CHAPTER 13

# HOSPITAL LICENSES AND INSPECTION HOSPITALS

SECTION 20. That Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 39-1301, Idaho Code, and to read as follows:

39-1301. DEFINITIONS. For purposes of this section through section 39-1309, Idaho Code, the following terms shall be defined as follows:

- (1) "CMS" means the centers for medicare and medicaid services.
- (2) "Department" means the department of health and welfare.
- (3) "Government unit" means the state, or any county, municipality, or other political subdivision, or any department, division, board, or other agency thereof.
- (4) "Home health agency" means any business entity that primarily provides skilled nursing services by licensed nurses and also provides at least one (1) other health care service to an individual in that individual's place of residence.
- (5) "Hospice house" means a facility that is owned and operated by a medicare certified hospice agency for the purpose of providing inpatient hospice services consistent with 42 CFR 418.110.
- (6) "Hospital" has the same meaning as in section 1861 of the social security act.
- (7) "Intermediate care facility" means a nonnursing home facility, designed and operated to meet the unique educational, training, habilitative, and medical needs of the developmentally disabled through the provision of active treatment.
- (8) "Nursing facility" or "nursing home" has the same meaning as in 42 CFR.
- (9) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.
- SECTION 21. That Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a <u>NEW SECTION</u>, to be known and designated as Section 39-1302, Idaho Code, and to read as follows:
- 39-1302. STREAMLINED FACILITIES LICENSING AND INSPECTION ACT -- SHORT TITLE. Sections 39-1301 through 39-1309, Idaho Code, shall be known and may be cited as the "Streamlined Facilities Licensing and Inspection Act."
- SECTION 22. That Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 39-1303, Idaho Code, and to read as follows:

39-1303. LICENSURE. (1) All medicare-certified or medicaid-certified hospitals, nursing facilities, or intermediate care facilities shall meet the standards for licensing pursuant to this chapter.

- (2) A hospital shall have and maintain medicare certification through an accreditation organization recognized by CMS or receive a determination from the department that the hospital meets the criteria in 42 CFR for operating a hospital.
- (3) A nursing facility or an intermediate care facility shall have and maintain CMS certification.
- (4) A hospital, nursing facility, or intermediate care facility making an initial application for a license shall be issued a license if the department determines that all application information is acceptable and that the hospital, nursing facility, or intermediate care facility is at least in substantial compliance with the provisions of this chapter.
- (5) Each licensee shall be designated by a distinctive name in applying for a license, and the name shall not be changed without first notifying the department in writing. Each licensee shall specify the maximum number of allowable beds in the hospital, nursing facility, or intermediate care facility, whether in use or not, and the licensee shall not exceed such maximum number of beds.
- (6) When applicable, a licensee shall comply with rules adopted by the department, subject to legislative approval, on criminal history and background checks.
- (7) A hospital, nursing facility, or intermediate care facility shall notify the department, in accordance with the time frame established in federal regulations, for every change of ownership, lessee, or management firm. A hospital, nursing facility, or intermediate care facility shall notify the department within seventy-two (72) hours of any change in administrator and submit a new application for licensure for any change in ownership or operator.
- (8) Neither medicare-certified hospice agencies nor home health agencies are required to be licensed or certified pursuant to this chapter.
- SECTION 23. That Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 39-1304, Idaho Code, and to read as follows:
- 39-1304. DENIAL OR REVOCATION. Notwithstanding the provisions of section 39-1303, Idaho Code, the department may deny any application or revoke any license when persuaded by evidence that such conditions exist as to endanger the health or safety of any resident or patient. A license issued pursuant to this chapter shall remain in force until the license is voluntarily surrendered or the facility fails to meet CMS certification standards.
- SECTION 24. That Section 39-1309, Idaho Code, be, and the same is hereby amended to read as follows:
- 39-13095. INSPECTIONS <u>AND CONSULTATIONS</u>. The <u>licensing agency department</u> shall make or cause to be made such inspections and investigations as it deems necessary. The <u>licensing agency may prescribe by regulations that any Any</u> licensee or applicant desiring to make specified types of

alteration alterations or addition additions to its facilities or to construct new facilities shall, before commencing such alteration, addition alterations, additions, or new construction, submit plans and specifications therefor to the licensing agency department for preliminary inspection and approval or recommendations with respect to compliance with the regulations and standards herein authorized pursuant to sections 39-1301 through 39-1309, Idaho Code. Necessary conferences and consultations may be provided The department recognizes the most recent edition of the facility guideline institute (FGI), guidelines for design and construction.

SECTION 25. That Section 39-1310, Idaho Code, be, and the same is hereby amended to read as follows:

39-13<del>10</del>06. INFORMATION. Information received by the licensing agency department through filed reports, inspection inspections, or as otherwise authorized under this law, which pursuant to sections 39-1301 through 39-1309, Idaho Code, that would identify individual residents or patients of facilities or agencies as defined shall be subject to disclosure according to chapter 1, title 74, Idaho Code, except in a proceeding involving the question of licensure. Public disclosure of information obtained by the licensing agency department for the purposes of this act sections 39-1301 through 39-1309, Idaho Code, shall be governed by chapter 1, title 74, Idaho Code. Nothing in this act sections 39-1301 through 39-1309, Idaho Code, however, shall be construed, nor shall any rule or regulation be promulgated under this section, as to impair, restrict, or alter the confidentiality and privilege afforded the physician and patient communications, including without limitation, documentation thereof in records of facilities or agencies as defined, or communications to and with nurses or other assisting persons or entities, nor shall this act. Nothing in sections 39-1301 through 39-1309, Idaho Code, shall be construed to amend by implication such physician-patient communication privilege as provided elsewhere in this code by law, including without limitation section 9-203(4), Idaho Code, which shall remain inviolate.

SECTION 26. That Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a  $\underline{\text{NEW SECTION}}$ , to be known and designated as Section 39-1307, Idaho Code, and to read as follows:

39-1307. PENALTY FOR OPERATING A FACILITY WITHOUT LICENSE. Any person establishing, conducting, managing, or operating a hospital, nursing facility, or intermediate care facility without a license pursuant to sections 39-1301 through 39-1309, Idaho Code, shall be guilty of a misdemeanor. A violation of this section is punishable by imprisonment in a county jail for a term not exceeding six (6) months, or by a fine not exceeding three hundred dollars (\$300), or by both. Each day of continued violation of the provisions of this section shall constitute a separate offense.

SECTION 27. That Chapter 13, Title 39, Idaho Code, be, and the same is hereby amended by the addition thereto of a <u>NEW SECTION</u>, to be known and designated as Section 39-1308, Idaho Code, and to read as follows:

39-1308. INJUNCTION TO PREVENT OPERATION WITHOUT LICENSE. Notwithstanding the existence or pursuit of any other remedy, the department may maintain an action in the name of the state for injunction or other process or remedy allowable by law against any person, entity, or governmental unit to restrain or prevent the establishment, conduct, management, or operation of a hospital, nursing facility, or intermediate care facility without a license pursuant to sections 39-1301 through 39-1309, Idaho Code.

SECTION 28. That Section 39-1301C, Idaho Code, be, and the same is hereby amended to read as follows:

- 39-1301C9. DEEMED STATUS OF HOSPICE AGENCY AND ITS HOSPICE HOME -- NO IDAHO LICENSE OR CERTIFICATION REQUIRED. (1) A hospice house and its owner and operator medicare certified hospice agency must have and maintain deemed status through a centers for medicare & medicaid services recognized accrediting organization.
- (2) Neither a medicare certified hospice agency nor its hospice home is required to be licensed or certified by the state of Idaho.
- SECTION 29. That Chapter 24, Title 39, Idaho Code, be, and the same is hereby repealed.
- SECTION 30. That Section 39-1392a, Idaho Code, be, and the same is hereby amended to read as follows:
  - 39-1392a. DEFINITIONS. The following terms shall have the following meanings when used in this section:
  - (1) "Emergency medical services personnel" means emergency medical services providers certified by the department of health and welfare pursuant to section 56-1011 et seq., Idaho Code, and ambulance-based clinicians as defined in the rules governing emergency medical services as promulgated by the department of health and welfare.
  - (2) "Group medical practice" means a partnership, corporation, limited liability company, or other association formed for the purpose of offering health care services through physicians and other licensed or otherwise authorized health care providers who are partners, shareholders, members, employees, or contractors of such group medical practice.
  - (3) "Health care organization" means a hospital, in-hospital medical staff committee, medical society, managed care organization, licensed emergency medical service, group medical practice, residential care facility or skilled nursing facility.
  - (4) "Hospital" means a facility in Idaho licensed under sections 39-1301 through 39-1314, Idaho Code, and defined in section 39-1301 (a) (1) as defined in section 39-1301, Idaho Code.
  - (5) "In-hospital medical staff committees" means any individual doctor who is a hospital staff member, or any hospital employee, or any group of such doctors and/or hospital employees, who are duly designated a committee by hospital staff bylaws, by action of an organized hospital staff, or by action of the board of directors of a hospital, and which committee is authorized by said bylaws, staff or board of directors, to conduct research or study of

hospital patient cases, or of medical questions or problems using data and information from hospital patient cases.

- (6) "Licensed emergency medical service" means an ambulance service or a nontransport service licensed by the department of health and welfare pursuant to section 56-1011 et seq., Idaho Code.
- (7) "Managed care organization" means a public or private person or organization which offers a managed care plan.
- (8) "Managed care plan" means a contract of coverage given to an individual, family or group of covered individuals pursuant to which a member is entitled to receive a defined set of health care benefits through an organized system of health care providers in exchange for defined consideration and which requires the member to use, or creates financial incentives for the member to use, health care providers owned, managed, employed by or under contract with the managed care organization.
- (9) "Medical society" means any duly constituted, authorized and recognized professional society or entity made up of physicians licensed to practice medicine in Idaho, having as its purpose the maintenance of high quality in the standards of health care provided in Idaho or any region or segment of the state, operating with the approval of the Idaho state board of medicine, or any official committee appointed by the Idaho state board of medicine.
- (10) "Patient care records" means written or otherwise recorded, preserved and maintained records of the medical or surgical diagnostic, clinical, or therapeutic care of any patient treated by or under the direction of licensed professional personnel, including emergency medical services personnel, in every health care organization subject to this act, whether as an inpatient or outpatient of the health care organization.
- (11) "Peer review" means the collection, interpretation and analysis of data by a health care organization for the purpose of bettering the system of delivery of health care or to improve the provision of health care or to otherwise reduce patient morbidity and mortality and improve the quality of patient care. Peer review activities by a health care organization include, without limitation:
  - (a) Credentialing, privileging or affiliating of health care providers as members of, or providers for, a health care organization;
  - (b) Quality assurance and improvement, patient safety investigations and analysis, patient adverse outcome reviews, and root-cause analysis and investigation activities by a health care organization; and
  - (c) Professional review action, meaning an action or recommendation of a health care organization which is taken or made in the conduct of peer review, that is based on the competence or professional conduct of an individual physician or emergency medical services personnel where such conduct adversely affects or could adversely affect the health or welfare of a patient or the physician's privileges, employment or membership in the health care organization or in the case of emergency medical services personnel, the emergency medical services personnel's scope of practice, employment or membership in the health care organization.
- (12) "Peer review records" means all evidence of interviews, reports, statements, minutes, memoranda, notes, investigative graphs and compila-

tions and the contents thereof, and all physical materials relating to peer review of any health care organization. "Peer review records" does not mean or include patient care records; provided however, that the records relating to the identification of which particular patient care records were selected for, or reviewed, examined or discussed in peer review by a health care organization and the methodology used for selecting such records shall be considered peer review records.

(13) "Skilled nursing facility" means a facility licensed under chapter 13, title 39, Idaho Code, to provide skilled care to recipients.

SECTION 31. That Section 39-3301, Idaho Code, be, and the same is hereby amended to read as follows:

39-3301. LEGISLATIVE INTENT AND DECLARATION. The purpose of a residential care or assisted living facility in Idaho is to provide a humane, safe, and homelike living arrangement for adults who need some assistance with activities of daily living and personal care but do not require the level of care identified under section 39-1301(b) care of a nursing facility as defined in section 39-1301, Idaho Code, other than for short exceptional stays meaning a treatment window designed to allow a resident to receive treatment for a short term acute episode as determined by a licensed professional nurse.

The state will encourage the development of facilities tailored to the needs of individual populations which operate in integrated settings in communities where sufficient supportive services exist to provide the resident, if appropriate, an opportunity to work and be involved in recreation and education opportunities. Employment, recreational and educational opportunities for people with disabilities shall be offered in the most integrated setting consistent with their needs.

A residential care or assisted living facility shall be operated and staffed by individuals who have the knowledge and experience required to provide safe and appropriate services to all residents of the facility.

The administrator of the facility shall ensure that an objective, individualized assessment to determine resident needs is conducted, develop a comprehensive negotiated plan of care to meet those needs, deliver appropriate services to meet resident needs, and ensure resident rights are honored.

SECTION 32. That Section 39-3322, Idaho Code, be, and the same is hereby amended to read as follows:

39-3322. QUALIFICATIONS AND REQUIREMENTS FOR FACILITY STAFF. (1) Each facility must employ or arrange for sufficient trained staff to fully meet the needs of its residents and the requirements of this chapter. The facility shall have sufficient staff to provide care during all hours required in each resident's negotiated service plan. Additional staff may be required if physical plant and disability of residents indicate that staff assistance in emergencies is required. Benchmarks shall be established in the assessment criteria where the need for certified nursing assistants or licensed nurses is indicated. Residential care or assisted living facilities shall not retain residents who require the care provided by nursing facilities under section 39-1301(b) care at a nursing facility as defined in section

39-1301, Idaho Code, other than for short exceptional stays pursuant to negotiated rulemaking as defined in chapter 52, title 67, Idaho Code.

(2) Should a residential care or assisted living facility choose not to carry professional liability insurance, that information shall be disclosed, in writing, to employees at the time of hiring.

SECTION 33. That Section 39-3501, Idaho Code, be, and the same is hereby amended to read as follows:

- 39-3501. LEGISLATIVE INTENT AND DECLARATION. (1) The purpose of a certified family home in Idaho is to provide a homelike alternative to more expensive or more restrictive congregate care or institutional care, designed to allow vulnerable adults to reside in a family-style living environment focused on integrated community living. Certified family homes provide housing and care to vulnerable adults who are elderly, who have mental illnesses, developmental disabilities, or physical disabilities, or who are otherwise unable to live alone without personal assistance and whose mental, emotional, and physical condition can be met by the care provider. The legislature supports the capabilities of individuals receiving services in certified family homes to direct their own care. The care provider must obtain a waiver under section 39-1301A, Idaho Code, to house and care for two (2) persons requiring care described in section 39-1301(b) at a nursing facility as defined in section 39-1301, Idaho Code.
- (2) The certified family home shall be operated by a care provider who has demonstrated the knowledge and experience required to provide safe and appropriate services to each resident of the certified family home. The care provider shall ensure an objective, individualized assessment is conducted to determine resident needs and shall develop a comprehensive, negotiated plan of service describing how to meet those needs. The care provider shall ensure delivery of appropriate services to meet resident needs as described in the plan of service and shall ensure resident rights are honored and protected.
- (3) The department is responsible for monitoring and enforcing the provisions of this chapter. This responsibility includes but is not limited to monitoring the condition of the certified family home, ensuring that each resident has an individualized written plan of service, and managing enforcement procedures when violations occur.

SECTION 34. That Section 39-3505, Idaho Code, be, and the same is hereby amended to read as follows:

- 39-3505. RULES. The board shall have the power and it shall be its duty to promulgate appropriate rules necessary to implement and enforce the standards for certified family homes pursuant to this chapter, including but not limited to the following:
- (1) The care provider shall admit or retain no more than two (2) residents concurrently in the certified family home. However, the department may grant a variance for up to four (4) residents to receive care in the certified family home upon application by the care provider and upon a finding by the department that the certified family home is able to comply with the requirements of section 39-3507, Idaho Code. The department shall not grant

a variance for requests to admit or retain more than two (2) residents who require nursing facility level of care as described in section 39-1301(b) care at a nursing facility as defined in section 39-1301, Idaho Code. A variance to exceed the two (2) resident limit in a certified family home shall not be transferable to another resident or care provider. Certified family homes issued a variance to exceed the two (2) resident limit shall be subject to all statutes and rules governing certified family homes but shall not be subject to the residential care facility administrator licensing requirements of chapter 42, title 54, Idaho Code, or the requirements of section 39-3340, Idaho Code. Nothing in this subsection shall be construed to authorize increased group size for providers of any form of care other than certified family homes.

- (2) The care provider shall live in the certified family home as the care provider's primary residence.
- (3) An individual cannot be approved as a care provider operating a certified family home if the individual charges room or board to any person staying in the home who is not resident, a relative of the care provider, or full-time staff. A variance may be granted by the department for the spouse of a resident when the resident's spouse does not require personal assistance.
- (4) A home cannot be approved as a certified family home and for child foster care at the same time unless a variance is granted by the department.
- (5) The care provider, care provider's relative, or other adult living in the home shall not be the legal guardian of the resident unless the legal guardian is a relative of the resident. A variance may be granted by the department when it determines the guardianship is in the best interest of the nonrelative resident.
- (6) The care provider must have sufficient resources to maintain the home and the services offered.
- (7) Information obtained by the care provider about current or prospective residents shall be held confidential as described under section 39-3516(7), Idaho Code.
- (8) The board may implement recordkeeping and reporting requirements as deemed necessary.
  - (a) The certified family home shall maintain and keep current a record of at least the following information for each resident:
    - (i) Admission records, including but not limited to the admission agreement, assessment, plan of service, history and physical examination, review of resident rights policy, emergency contacts, advance directives if so formulated by the resident, and a list of belongings the resident or resident representative chooses to inventory; and
    - (ii) Ongoing resident records as applicable, including but not limited to: medication management; incidents, accidents, or changes in the resident's condition and the care provider's response; and financial accounting records for use of the resident's funds when the care provider is deemed to be managing such funds on behalf of the resident.
  - (b) The care provider shall report at least the following:

- (i) To the certifying agent: any incident of house fire in the certified family home; any criminal investigation or conviction, or child protection or adult protection investigation, when the alleged perpetrator is the care provider, a substitute caregiver, or any adult member of the household; any critical incident; and any resident discharge from the home;
- (ii) To the Idaho commission on aging: in accordance with section 39-5303, Idaho Code, any abuse, neglect, or exploitation of a vulnerable adult when the care provider has reasonable cause to believe that such has occurred; and
- (iii) To local law enforcement: any serious physical injury to or the death of a resident when there is reasonable cause to believe the harm was due to abuse or neglect.
- (9) The board may implement requirements to ensure the safety and adequate care of residents. The care provider shall be responsible for ensuring appropriate and adequate supervision is provided to each resident based on the resident's plan of service.
- (10) The board may implement requirements for management of medications, including:
  - (a) Development of acceptable policies and procedures regarding the following:
    - (i) Following the orders of the resident's health care professionals;
    - (ii) Maintaining evidence of such orders; and
    - (iii) Training guidance that must be completed prior to any individual assisting the resident with medications;
  - (b) For residents who wish to self-administer their own medications, the evaluation and approval criteria that shall be met prior to the care provider allowing the resident to self-administer medications; and
  - (c) For residents who need assistance with medications:
    - (i) Conditions under which certified family home staff may offer assistance, taking into consideration the resident's health status, level of assistance needed, and scope of any professional license held by the individual offering assistance;
    - (ii) Storage and safeguarding of medications, including taking regular inventory of narcotic medications;
    - (iii) Documentation of assistance; and
    - (iv) Proper and timely disposal of discontinued, unused, loose, or expired medications.
- (11) The certified family home staff shall allow certifying agents to inspect and investigate the certified family home as necessary to determine compliance with this chapter and the department's rules.
- (12) The board may establish rules for the revocation of certification or other enforcement actions.
- SECTION 35. That Section 39-5302, Idaho Code, be, and the same is hereby amended to read as follows:
  - 39-5302. DEFINITIONS. (1) For the purposes of this chapter:
  - (a) "Administrator" means the administrator of the Idaho commission on aging appointed pursuant to section 67-5004, Idaho Code.

(b) "Adult" means a person aged eighteen (18) years or older.

- (c) "Adult protective services" or "APS" means the legal and bureaucratic systems and protections safeguarding vulnerable adults through investigation of APS reports alleging maltreatment and arrangements for the provision of emergency, supportive, or prevention services necessary to reduce or eliminate risk of harm.
- (d) "APS report" means an allegation of maltreatment of a vulnerable adult made to adult protective services.
- (e) "Caregiver" refers to a formal caregiver or an informal caregiver.
- (f) "Commission" means the Idaho commission on aging, established pursuant to chapter 50, title 67, Idaho Code.
- (g) "Department" means the Idaho department of health and welfare.
- (h) "Emergency" means an exigent circumstance in which a vulnerable adult's health and safety is placed in imminent danger. Imminent danger is when death or severe bodily injury could reasonably be expected to occur without intervention.
- (i) "Facility" means a health or treatment facility as defined in statute or by the department, including:
  - (i) Certified family homes, as defined in section 39-3502, Idaho Code;
  - (ii) Developmental disabilities facilities, as defined in section 39-4604, Idaho Code;
  - (iii) Home health agencies, as defined in section 39-2402 = 39-1301, Idaho Code;
  - (iv) Hospitals, as defined in section 39-1301, Idaho Code;
  - (v) Intermediate care facilities for people with intellectual disabilities, as defined in section 39-1301, Idaho Code;
  - (vi) Residential care or assisted living facilities, as defined in section 39-3302, Idaho Code; and
  - (vii) Residential habilitation agencies.
- (j) "Financial exploitation" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of a vulnerable adult by any person or entity for profit or advantage other than for the vulnerable adult's profit or advantage. The term "financial exploitation" includes but is not limited to:
  - (i) The use of deception, intimidation, or undue influence by a person or an entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or an entity other than the vulnerable adult;
  - (ii) The breach of a fiduciary duty, including but not limited to the misuse of a power of attorney, trust, or guardianship appointment that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, belongings, or trust funds of the vulnerable adult for the benefit of a person or an entity other than the vulnerable adult; or
  - (iii) Obtaining or using a vulnerable adult's property, income, belongings, resources, or trust funds without lawful authority by a person or an entity who knows or clearly should know that the vul-

nerable adult lacks the capacity to consent to the release or use of his property, income, belongings, resources, or trust funds.

- (k) "Formal caregiver" means a person or an entity that accepts compensation to perform a service or services for a vulnerable adult. Compensation may be provided by an employer, the vulnerable adult, or someone acting in the interests of the vulnerable adult.
- (1) "Human trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
- (m) "Infirmities of aging" means physical or mental deterioration associated with advanced age or organic brain damage, or other physical, mental, or emotional dysfunction, such that the ability of an older adult to provide adequately for the adult's own care or protection is impaired.
- (n) "Informal caregiver" means a person who provides support for a vulnerable adult without expectation of compensation, goods, or services.
- (o) "Investigation" means the evaluation of allegations conducted by a provider or the commission through interviews, observations, and examination of information.
- (p) "Legal representative" means a guardian, a conservator, an attorney, or an individual with power of attorney who has the legal obligation to act for the benefit of another.
- (q) "Licensed medical professional" means an individual practicing in a medical or medical-related field who is licensed, certified, or otherwise credentialed by the state of Idaho.
- (r) "Neglect" means failure of a caregiver to provide food, clothing, shelter, or medical care, the absence of which impairs or threatens sustainable life or health of a vulnerable adult.
- (s) "Older adult" means a person aged sixty-five (65) years or older.
- (t) "Physical abuse" means the infliction of physical pain, injury, or unjust chemical or physical restraint on a vulnerable adult or death where:
  - (i) The vulnerable adult's condition or death is not justifiably explained;
  - (ii) The history given concerning such condition or death is at variance with the degree or type of the condition or death; or
  - (iii) Circumstances indicate that such condition or death may not be the product of an accidental occurrence.
- (u) "Prevention services" means interventions designed to reduce the risk of maltreatment, including but not limited to case management, the provision of goods or services, or caregiver support.
- (v) "Protective action plan" or "PAP" means a person-centered plan addressing the remedial, social, legal, medical, educational, mental health, or other services available to reduce or eliminate the risk of harm to a vulnerable adult.
- (w) "Provider" means an area agency on aging or a person or an entity capable of providing adult protective services, including duly authorized agents and employees.

- (x) "Psychological abuse" means the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts or through unjust confinement of a vulnerable adult.
- (y) "Self-neglect" means failure of a vulnerable adult to provide for himself or refusal to accept support needed to obtain food, clothing, shelter, or medical care reasonably necessary to sustain the life and health of the vulnerable adult.
- (z) "Sexual abuse" means touching, fondling, intercourse, or any other sexual activity with a vulnerable adult when the vulnerable adult is unable to understand, unwilling to consent, threatened, or physically forced.
- (aa) "Skilled nursing facility" shall have the same meaning as "nursing facility" provided in section 39-1301, Idaho Code.
- (bb) "Supportive services" means social, legal, health, educational, mental health, and referral services.
- (cc) "Undue influence" means influence exercised over a vulnerable adult with the intent to:
  - (i) Inhibit the vulnerable adult's freedom of choice;
  - (ii) Deprive the vulnerable adult of freedom of choice; or
  - (iii) Substitute the influencer's choice or desire over that of the vulnerable adult.
- (dd) "Vulnerable adult" means an adult who is unable to protect himself from maltreatment because of:
  - (i) A mental, physical, or developmental disability;
  - (ii) A degenerative brain disease;

- (iii) An inability to communicate or implement decisions regarding his person; or
- (iv) Other infirmities of aging in an older adult.
- (ee) "Vulnerable adult maltreatment" or "maltreatment" means the intentional or negligent infliction of pain or injury on a vulnerable adult, including financial exploitation, human trafficking, neglect, physical abuse, psychological abuse, or sexual abuse.
- (2) Nothing in this chapter shall be construed to mean a person is abused, neglected, or exploited for the sole reason he is relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination; nor shall the provisions of this chapter be construed to require any medical care or treatment in contravention of the stated or implied objection of such a person.
- SECTION 36. That Section 54-3215, Idaho Code, be, and the same is hereby amended to read as follows:
- 54-3215. EXEMPTIONS. Students enrolled in a recognized program leading to a degree in social work may practice only under the direct supervision of a social worker of the licensure status necessary to provide the appropriate level of supervision as provided by board rule. This chapter shall not apply to any employee of any nursing or intermediate care facility licensed under section 39-1301(b), Idaho Code, or section 39-1301(c), Idaho Code, who is designated in writing to be responsible for that facility's social ser-

vices program and who receives regular consultation from a qualified social worker.

SECTION 37. That Section 56-101, Idaho Code, be, and the same is hereby amended to read as follows:

- 56-101. DEFINITIONS. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter and shall have the following meanings:
- (1) "Appraisal" means the method of determining the value of the property as determined by an appraisal conducted by a member of the appraisal institute (MAI), or successor organization. The appraisal must specifically identify the values of land, building, equipment, and goodwill.
- (2) "Assets" means economic resources of the contractor, recognized and measured in conformity with generally accepted accounting principles.
- (3) "Bed-weighted median" is determined by arraying the average per diem cost per bed of all facilities from high to low and identifying the bed at the point in the array at which half of the beds have equal or higher per diem costs and half have equal or lower per diem costs. The identified bed is the median bed. The per diem cost of the median bed is the bed-weighted median.
- (4) "Case mix index" is a numeric score assigned to each facility resident, based on the resident's physical and mental condition, which projects the amount of relative resources needed to provide care to the resident.
- (5) "Depreciation" means the systematic distribution of the cost or other basis of tangible assets, less salvage, over the estimated useful life of the assets.
- (6) "Direct care costs" consists of the following costs directly assigned to the nursing facility or allocated to the nursing facility through medicare cost finding principles:
  - (a) Direct nursing salaries which include the salaries of registered nurses, licensed professional nurses, certificated nurse's aides, and unit clerks; and
  - (b) Routine nursing supplies; and
  - (c) Nursing administration; and
  - (d) Direct portion of medicaid related ancillary services; and
  - (e) Social services; and
  - (f) Raw food; and

- (g) Employee benefits associated with the direct salaries.
- (7) "Director" means the director of the department of health and welfare or the director's designee.
- (8) "Equity" means the net book value of all tangible and intangible assets less the recorded value of all liabilities, as recognized and measured in conformity with generally accepted accounting principles.
- (9) "Facility" means an entity which contracts with the director to provide services to recipients in a structure owned, controlled, or otherwise operated by such entity, and which entity is responsible for operational decisions. In conjunction with the use of the term "facility":
  - (a) "Freestanding intermediate care" means an intermediate care facility, as defined in and licensed under chapter 13, title 39, Idaho Code,

which is not owned, managed, or operated by, nor is otherwise a part of a hospital, as defined in section  $39-1301\frac{(a)}{(a)}$ , Idaho Code; and

- (b) "Freestanding skilled care" means a nursing facility, as defined in and licensed under chapter 13, title 39, Idaho Code, which is not owned, managed, or operated by, nor is otherwise a part of a hospital, as defined in section 39-1301 (a), Idaho Code; and
- (c) "Freestanding special care" means a facility that provides either intermediate care, or skilled care, or intermediate care for people with intellectual disabilities, or any combination of either, which is not owned, managed, or operated by, nor is otherwise a part of a hospital, as defined in section 39-1301(a), Idaho Code; and
- (d) "Hospital-based" means a nursing or intermediate care facility, as defined in and licensed under chapter 13, title 39, Idaho Code, which is owned, managed, or operated by, or is otherwise a part of a hospital, as defined in section 39-1301 (a), Idaho Code.
- (10) "Forced sale" is a sale required by a bankruptcy, foreclosure, the provisions of a will or estate settlement pursuant to the death of an owner, physical or mental incapacity of an owner which requires ownership transfer to existing partner or partners, or a sale required by the ruling of a federal agency or by a court order.
- (11) "Goodwill" means the amount paid by the purchaser that exceeds the net tangible assets received. The value of goodwill is derived from the economic benefits that a going concern may enjoy, as compared with a new one, from established relations in the related markets, with government departments and other noncommercial bodies and with personal relationships. These intangible assets cannot be separated from the business and sold as can plant and equipment. Under the theory that the excess payment would be made only if expected future earnings justified it, goodwill is often described as the price paid for excess future earnings. The amortization of goodwill is non-allowable, nonreimbursable expense.
- (12) "Historical cost" means the actual cost incurred in acquiring and preparing an asset for use, including feasibility studies, architect's fees, and engineering studies.
- (13) "Indirect care costs" consists of the following costs either directly coded to the nursing facility or allocated to the nursing facility through the medicare step-down process:
  - (a) Administrative and general care cost; and
  - (b) Activities; and

- (c) Central services and supplies; and
- (d) Laundry and linen; and
- (e) Dietary ("non-raw food" costs); and
- (f) Plant operation and maintenance (excluding utilities); and
- (g) Medical records; and
- (h) Employee benefits associated with the indirect salaries; and
- (i) Housekeeping; and
- (j) Other costs not included in direct care costs or costs exempt from  $\cos t \ \text{limits.}$
- (14) "Interest rate limitation" means that the interest rate allowed for working capital loans and for loans for major movable equipment for intermediate care facilities for people with intellectual disabilities shall

be the prime rate as published in the western edition of the Wall Street Journal or successor publication, plus one percent (1%) at the date the loan is made. All interest expense greater than the amount derived by using the limitation above shall be nonreimbursable; provided, however, that this interest rate limitation shall not be imposed against loans or leases which were made prior to July 1, 1984. Said loans or leases shall be subject to the tests of reasonableness, relationship to patient care and necessity.

- (15) "Intermediate care facility for people with intellectual disabilities" means an habilitative facility designed and operated to meet the educational, training, habilitative and intermittent medical needs of the developmentally disabled.
- (16) "Major movable equipment" means such items as accounting machines, beds, wheelchairs, desks, furniture, vehicles, etc. The general characteristics of this equipment are:
  - (a) A relatively fixed location in the building;
  - (b) Capable of being moved, as distinguished from building equipment;
  - (c) A unit cost sufficient to justify ledger control;
  - (d) Sufficient size and identity to make control feasible by means of identification tags; and
  - (e) A minimum life of approximately three (3) years.
- (17) "Medicaid" means the 1965 amendments to the social security act (P.L. 89-97), as amended.
- (18) "Minor movable equipment" includes such items as wastebaskets, bedpans, syringes, catheters, silverware, mops, buckets, etc. The general characteristics of this equipment are:
  - (a) In general, no fixed location and subject to use by various departments of the provider's facility;
  - (b) Comparatively small in size and unit cost;
  - (c) Subject to inventory control;

- (d) Fairly large quantity in use; and
- (e) Generally, a useful life of approximately three (3) years or less.
- (19) "Net book value" means the historical cost of an asset, less accumulated depreciation.
- (20) "Normalized per diem costs" refers to direct care costs that have been adjusted based on the facility's case mix index for purposes of making the per diem costs comparable among facilities. Normalized per diem costs are calculated by dividing the facility's direct care per diem costs by its facility-wide case mix index, and multiplying the result by the statewide average case mix index.
- (21) "Nursing facility inflation rate" means the most specific skilled nursing facility inflation rate applicable to Idaho established by data resources, inc., or its successor. If a state or regional index has not been implemented, the national index shall be used.
- (22) "Patient-day" means a calendar day of care which will include the day of admission and exclude the day of discharge unless discharge occurs after 3:00 p.m. or it is the date of death, except that, when admission and discharge occur on the same day, one (1) day of care shall be deemed to exist.
- (23) "Property costs" means the total of allowable interest expense, plus depreciation, property insurance, real estate taxes, amortization, and allowable lease/rental expense. The department may require and utilize an

appraisal to establish those components of property costs which are identified as an integral part of an appraisal.

- (24) "Raw food" means food used to meet the nutritional needs of the residents of a facility, including liquid dietary supplements, liquid thickeners, and tube feeding solutions.
- (25) "Reasonable property insurance" means that the consideration given is an amount that would ordinarily be paid by a cost-conscious buyer for comparable insurance in an arm's length transaction. Property insurance per licensed bed in excess of two (2) standard deviations above the mean of the most recently reported property insurance costs per licensed bed of all facilities in the reimbursement class as of the end of a facility's fiscal year shall not be considered reasonable.
- (26) "Recipient" means an individual determined eligible by the director for the services provided in the state plan for medicaid.
- (27) "Rural hospital-based nursing facilities" are those hospital-based nursing facilities not located within a metropolitan statistical area (MSA) as defined by the United States bureau of the census.
- (28) "Urban hospital-based nursing facilities" are those hospital-based nursing facilities located within a metropolitan statistical area (MSA) as defined by the United States bureau of the census.
- (29) "Utilities" means all expenses for heat, electricity, water and sewer.

SECTION 38. That Section 56-1402, Idaho Code, be, and the same is hereby amended to read as follows:

# 56-1402. DEFINITIONS. As used in this chapter:

- (1) "Department" means the department of health and welfare.
- (2) "Disproportionate share hospital" means a hospital that serves a disproportionate share of medicaid low-income patients as compared to other hospitals as determined by department rule.
- (3) "Governmental entity" means and includes the state and its political subdivisions.
  - (4) "Hospital" is as defined in section  $39-1301\frac{(a)}{(a)}$ , Idaho Code.
- (5) "Political subdivision" means a county, city, municipal corporation or hospital taxing district and, as used in this chapter, shall include state licensed hospitals established by counties pursuant to chapter 36, title 31, Idaho Code, or jointly by cities and counties pursuant to chapter 37, title 31, Idaho Code.
- (6) "Private hospital" means a hospital that is not owned by a governmental entity.
- (7) "Upper payment limit" means a limitation established by federal regulations, 42 CFR 447.272 and 42 CFR 447.321, that disallows federal matching funds when state medicaid agencies pay certain classes of hospitals an aggregate amount for inpatient and outpatient hospital services that would exceed the amount that would be paid for the same services furnished by that class of hospitals under medicare payment principles.

SECTION 39. That Section 56-1602, Idaho Code, be, and the same is hereby amended to read as follows:

56-1602. DEFINITIONS. As used in this chapter:

- (1) "CMS" means the centers for medicare and medicaid services.
- (2) "Department" means the Idaho department of health and welfare.
- (3) "Fiscal year" means the time period from July 1 to June 30.
- (4) "Fund" means the ICF assessment fund established pursuant to section 56-1603, Idaho Code.
- (5) "ICF" means an intermediate care facility for people with intellectual disabilities as defined in section 39-1301, Idaho Code, and licensed pursuant to chapter 13, title 39, Idaho Code.
- (6) "Net patient service revenue" means gross revenues from services provided to ICF patients, less reductions from gross revenue resulting from an inability to collect payment of charges. Patient service revenue excludes nonpatient care revenues such as beauty and barber, vending income, interest and contributions, revenues from sale of meals and all outpatient revenues. Reductions from gross revenue includes: bad debts; contractual adjustments; uncompensated care; administrative, courtesy and policy discounts and adjustments; and other such revenue deductions.
- (7) "Resident day" means a calendar day of care provided to an ICF resident, including the day of admission and excluding the day of discharge, provided that one (1) resident day shall be deemed to exist when admission and discharge occur on the same day.
- (8) "Upper payment limit" means the limitation established in 42 CFR section 447.272, that disallows federal matching funds when state medicaid agencies pay certain classes of facilities an aggregate amount for services that exceed the amount that is paid for the same services furnished by that class of facilities under medicare payment principles.

SECTION 40. That Section 56-1703, Idaho Code, be, and the same is hereby amended to read as follows:

### 56-1703. DEFINITIONS. As used in this chapter:

- (1) "Activation" means a declaration by the director of the department of health and welfare that health care facilities may operate under crisis standards of care as necessary when scarce resource limitations preclude operating under usual standards of care.
  - (2) "Assistance" means aid in meeting daily living needs.
- (3) "Crisis standards of care" means a substantial change in the usual health care operations and the level of care it is possible to deliver, justified by specific circumstances and formally declared by a state government in recognition that crisis operations will be in effect for a sustained period.
- (4) "Declaration" means the issuance by the director of the department of health and welfare of a declaration or documentation that crisis standards of care have been activated in a particular region or statewide.
  - (5) "Department" means the Idaho department of health and welfare.
- (6) "Director" means the director of the Idaho department of health and welfare.
- (7) "Essential caregiver" means a person designated by a patient or resident to visit the patient or resident at a health care facility.
- (8) "Health care facility" or "facility" means a hospital, a nursing facility, or an intermediate care facility for individuals with intellec-

tual disabilities as defined in chapter 13, title 39, Idaho Code, or a residential care or assisted living facility as defined in chapter 33, title 39, Idaho Code.

- (9) "Health care services" means services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease.
- (10) "Patient" means a person receiving health care services at a health care facility.
- (11) "Resident" means a person receiving assistance at a health care facility.

SECTION 41. That Section 63-701, Idaho Code, be, and the same is hereby amended to read as follows:

# 63-701. DEFINITIONS. As used in this chapter:

- (1) "Claimant" means a person who has filed an application under section 63-602G, Idaho Code, and has filed a claim under the provisions of sections 63-701 through 63-710, Idaho Code. Except as provided in section 63-702(2), Idaho Code, on January 1 or before April 15 of the year in which the claimant first filed a claim on the homestead in question, a claimant must be an owner of the homestead, a claimant must have lawful presence in the United States pursuant to section 67-7903, Idaho Code, and on January 1 of said year a claimant must be:
  - (a) Not less than sixty-five (65) years old; or
  - (b) A child under the age of eighteen (18) years who is fatherless or motherless or who has been abandoned by any surviving parent or parents; or
  - (c) A widow or widower; or
  - (d) A disabled person who is recognized as disabled by the social security administration pursuant to title 42 of the United States Code, or by the railroad retirement board pursuant to title 45 of the United States Code, or by the office of management and budget pursuant to title 5 of the United States Code, or, if a person is not within the purview of, and is therefore not recognized as disabled by, any other entity listed in this paragraph, then by the public employee retirement system or public employee disability plan in which the person participates that may be of any state, local unit of government or other jurisdiction in the United States of America; or
  - (e) A disabled veteran of any war engaged in by the United States, whose disability is recognized as a service-connected disability of a degree of ten percent (10%) or more, or who has a pension for nonservice-connected disabilities, in accordance with laws and regulations administered by the United States department of veterans affairs; or
  - (f) A person, as specified in 42 U.S.C. 1701, who was or is entitled to receive benefits because he is known to have been taken by a hostile force as a prisoner, hostage or otherwise; or
  - (g) Blind.

 (2) "Homestead" means the dwelling, owner-occupied by the claimant as described in this chapter and used as the primary dwelling place of the claimant and may be occupied by any members of the household as their home, and so much of the land surrounding it, not exceeding one (1) acre, as is

reasonably necessary for the use of the dwelling as a home. It may consist of a part of a multidwelling or multipurpose building and part of the land upon which it is built. "Homestead" does not include personal property such as furniture, furnishings or appliances, but a manufactured home may be a homestead.

- (3) "Household" means the claimant and the claimant's spouse. The term does not include bona fide lessees, tenants, or roomers and boarders on contract. "Household" includes persons described in subsection (8) (b) of this section.
- (4) "Household income" means all income received by the claimant and, if married, all income received by the claimant's spouse, in a calendar year.
- (5) "Income" means the sum of federal adjusted gross income as defined in the Internal Revenue Code, as defined in section 63-3004, Idaho Code, and to the extent not already included in federal adjusted gross income:
  - (a) Alimony;

- (b) Support money;
- (c) Nontaxable strike benefits;
- (d) The nontaxable amount of any individual retirement account, pension or annuity, including railroad retirement benefits, all payments received under the federal social security act except the social security death benefit as specified in this subsection, state unemployment insurance laws, and veterans disability pensions and compensation, excluding any return of principal paid by the recipient of an annuity and excluding rollovers as provided in 26 U.S.C. 402 or 403, and excluding the nontaxable portion of a Roth individual retirement account distribution, as provided in 26 U.S.C. 408A;
- (e) Nontaxable interest received from the federal government or any of its instrumentalities or a state government or any of its instrumentalities;
- (f) Worker's compensation; and
- (g) The gross amount of loss of earnings insurance.

It does not include gifts from nongovernmental sources or inheritances. To the extent not reimbursed, the cost of medical care as defined in section 213(d) of the Internal Revenue Code, incurred and paid by the claimant and, if married, the claimant's spouse, may be deducted from income. To the extent not reimbursed, personal funeral expenses, including prepaid funeral expenses and premiums on funeral insurance, of the claimant and claimant's spouse only, may be deducted from income up to an annual maximum of five thousand dollars (\$5,000) per claim. "Income" does not include veterans disability pensions received by a person described in subsection (1)(e) of this section who is a claimant or a claimant's spouse if the disability pension is received pursuant to a service-connected disability of a degree of forty percent (40%) or more. "Income" does not include dependency and indemnity compensation or death benefits paid to a person described in subsection (1) of this section by the United States department of veterans affairs and arising from a service-connected death or disability. "Income" does not include lump sum death benefits made by the social security administration pursuant to 42 U.S.C. 402(i). Documentation of medical expenses may be required by the county assessor and state tax commission in such form as the county assessor or state tax commission shall determine. For purposes of this chapter only and in the case of a claimant who owns and whose homestead is a certified family home as defined in section 39-3502, Idaho Code, "income" does not include payments that the claimant received as an enrolled medicaid provider from the medical assistance program. "Income" shall be that received in the calendar year immediately preceding the year in which a claim is filed. Where a claimant and/or the claimant's spouse does not file a federal tax return, the claimant's and/or the claimant's spouse's federal adjusted gross income, for purposes of this section, shall be an income equivalent to federal adjusted gross income had the claimant and/or the claimant's spouse filed a federal tax return, as determined by the county assessor. The county assessor or state tax commission may require documentation of income in such form as each shall determine, including, but not limited to: copies of federal or state tax returns and any attachments thereto; and income reporting forms such as the W-2 and 1099.

For determining income for certain married individuals living apart, the provisions of sections 2(c) and 7703(b) of the Internal Revenue Code shall apply.

(6) "Occupied" means actual use and possession.

- (7) "Owner" means a person holding title in fee simple or holding a certificate of motor vehicle title (either of which may be subject to mortgage, deed of trust or other lien) or who has retained or been granted a life estate or who is a person entitled to file a claim under section 63-702, Idaho Code. "Owner" shall also include any person who:
  - (a) Is the beneficiary of a revocable or irrevocable trust which is the owner of such homestead and under which the claimant or the claimant's spouse has the primary right of occupancy of the homestead; or
  - (b) Is a partner of a limited partnership, member of a limited liability company or shareholder of a corporation if such entity holds title in fee simple or holds a certificate of motor vehicle title and if the person holds at least a five percent (5%) ownership in such entity, as determined by the county assessor; or
  - (c) Has retained or been granted a life estate.

"Owner" includes a vendee in possession under a land sale contract. Any partial ownership shall be considered as ownership for determining initial qualification for property tax reduction benefits; however, the amount of property tax reduction under section 63-704, Idaho Code, and rules promulgated pursuant to section 63-705, Idaho Code, shall be computed on the value of the claimant's partial ownership. "Partial ownership," for the purposes of this section, means any one (1) person's ownership when property is owned by more than one (1) person or where the homestead is held by an entity, as set forth in this subsection, but more than one (1) person has the right of occupancy of such homestead. A person holding either partial title in fee simple or holding a certificate of motor vehicle title together with another person, but who does not occupy the dwelling as his primary dwelling place, shall not be considered an owner for purposes of this section, if such person is a cosignatory of a note secured by the dwelling in question and at least one (1) of the other cosignatories of the note occupies the dwelling as his primary dwelling place. The combined community property interests of both spouses shall not be considered partial ownership as long as the combined community property interests constitute the entire ownership of the homestead, including where the spouses are occupying a homestead owned by an entity, as set forth in this subsection, and the spouses have the primary right of occupancy of the homestead. The proportional reduction required under this subsection shall not apply to community property interests. Where title to property was held by a person who has died without timely filing a claim for property tax reduction, the estate of the deceased person shall be the "owner," provided that the time periods during which the deceased person held such title shall be attributed to the estate for the computation of any time periods under subsection (8) (a) or (b) of this section.

- (8) (a) "Primary dwelling place" means the claimant's dwelling place on January 1 or before April 15 of the year for which the claim is made. The primary dwelling place is the single place where a claimant has his true, fixed and permanent home and principal establishment, and to which whenever the individual is absent he has the intention of returning. A claimant must establish the dwelling to which the claim relates to be his primary dwelling place by clear and convincing evidence or by establishing that the dwelling is where the claimant resided on January 1 or before April 15 and:
  - (i) At least six (6) months during the prior year; or
  - (ii) The majority of the time the claimant owned the dwelling if owned by the claimant less than one (1) year; or
  - (iii) The majority of the time after the claimant first occupied the dwelling if occupied by the claimant for less than one (1) year. The county assessor may require written or other proof of the foregoing in such form as the county assessor may determine.
- (b) Notwithstanding the provisions of paragraph (a) of this subsection, the property upon which the claimant makes application shall be deemed to be the claimant's primary dwelling place if the claimant is otherwise qualified and resides in a care facility and does not allow the property upon which the claimant has made application to be occupied by persons paying a consideration to occupy the dwelling. Payment of utilities shall not be payment of a consideration to occupy the dwelling. A claimant's spouse who resides in a care facility shall be deemed to reside at the claimant's primary dwelling place and to be a part of the claimant's household. A care facility is a hospital, nursing facility or intermediate care facility for people with intellectual disabilities as defined in section 39-1301, Idaho Code, or a facility as defined in section 39-3302(16), Idaho Code, or a dwelling other than the one upon which the applicant makes application where a claimant who is unable to reside in the dwelling upon which the application is made lives and receives help in daily living, protection and security.

SECTION 42. The rules contained in IDAPA 16.03.02, Idaho Department of Health and Welfare, relating to Skilled Nursing Facilities, shall be null, void, and of no force and effect on and after July 1, 2025.

SECTION 43. The rules contained in IDAPA 16.03.07, Idaho Department of Health and Welfare, relating to Home Health Agencies, shall be null, void, and of no force and effect on and after July 1, 2025.

SECTION 44. The rules contained in IDAPA 16.03.11, Idaho Department of 1 Health and Welfare, relating to Intermediate Care Facilities for People with 2 Intellectual Disabilities (ICFs/IID), shall be null, void, and of no force 3 and effect on and after July 1, 2025. 4

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SECTION 45. The rules contained in IDAPA 16.03.14, Idaho Department of Health and Welfare, relating to Hospitals, shall be null, void, and of no force and effect on and after July 1, 2025.

SECTION 46. An emergency existing therefor, which emergency is hereby declared to exist, this act shall be in full force and effect on and after 10 July 1, 2025.